

STATE OF TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE DIVISION OF FIRE PREVENTION ADMINISTRATIVE SERVICES SECTION PERMITS AND LICENSES UNIT 500 JAMES ROBERTSON PARKWAY THIRD FLOOR

NASHVILLE, TN 37243-1159

Phone: (615) 741-1322 Fax: (615) 741-1583

APPLICATION FOR OUTDOOR FIREWORKS, PROXIMATE PYROTECHNICS, OR FLAME EFFECTS OPERATOR CERTIFICATION

(Certifications expire two years from the date of issuance.)

(Pursuant to Title 68, Chapter 104, Tennessee Code Annotated)

CERTIFICATION FEE: **\$100** for each certification, **\$200** maximum. \$20 of each certification is non-refundable. (Checks or money orders should be made payable to the Department of Commerce and Insurance.)

Print or type. All questions must be answered before the application will be processed. An incomplete application may result in non-issuance of the certification.

Check each operator certification desired:	Outdoor D	Display	☐ Proximate Pyrotechnic	Flame Effects
Name of Operator				
Mailing Address				
Street:				
City:	State:	Zip:	Telephone #: ()
Email address:			Fax #: ()
Home Address (if different than mailing address)				
	`		aming address)	
Street:				
City:	_ State:	Zip:	Telephone #: ()
Social Security #:	Date of Bi	irth:/_	/(Must be a	t least 21 years of age)
Have you been convicted of or plead guilty or nolo contendere to any state or federal felony? Yes No If yes, provide additional information. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken.				
Submit three (3) completed VERIFICATION OF EXPERIENCE FOR FIREWORKS/PYROTECHNICS/FLAME EFFECTS OPERATOR CERTIFICATION forms for each certification desired. All forms must be signed by the event operator or authority having jurisdiction (AHJ).				
Once the application has been reviewed and approved, the applicant must take and pass the state exam for <u>each</u> certification area desired. If the applicant is eligible for testing, the applicant will be contacted and told how to register for the exam. It is the applicant's responsibility to acquire all materials needed for the exam.				
I HEREBY CERTIFY THAT I HAVE I STATE OF TENNESSEE. I FURTHI CORRECT TO THE BEST OF MY K	ER CERTIFY	THAT AL	_	
SIGNATURE OF APPLICANT			DATE	

IN-1650 RDA 2225